HOMELESSNESS IN THE CITY OF BOSTON WINTER 1999-2000

ANNUAL CENSUS REPORT DECEMBER 13, 1999

MAYOR THOMAS M. MENINO



Emergency Shelter Commission Kelley A. Cronin, Executive Director

EXECUTIVE SUMMARY

- 1. There were 3,341 men, 1,308 women, and 1171 children counted during this year's census for a total of 5,820 compared to a total of 5,272 last year. The total number of homeless people in the City of Boston has increased 10.3%.
- 2. There were 5820 homeless people in the City of Boston in 1999 compared to 3830 in 1989. This is an increase of 52%. There were 1171 homeless children in Boston in 1999 compared to 556 in 1989, an increase of 110%. There were 1308 homeless women in 1999 compared to 985 in 1989, an increase of 32.79%. There were 3341 homeless men in 1999 compared to 2289 in 1989, an increase of 45.95%.
- 3. There were 250 men and women documented as sleeping on the street on the night of the census compared to 188 last year.
- 4. There were 3915 homeless men and women in programs for adult individuals this year compared to 3668 last year. This is an increase of 6.7%. Homeless adults have increased 10% since the winter of 1997. These 3915 homeless single adults represent 67% of the homeless population. Many of the adult shelters were over capacity on the night of the census.
- 5. There were 1905 men, women and children in family shelter compared to 1604 last year. This is an increase of 18.7%. Homeless families increased 32% since the winter of 1997. These 1905 homeless family members represent 33% of the homeless population. This number includes 109 Boston families (10 fathers, 109 mothers, and 215 children) placed outside of Boston, because of lack of state-funded shelter capacity within the City. Families were placed by the Mass. Dept. of Transitional Assistance in communities such as Lynn, Marshfield, Fall River, and as far away as Springfield.

THIS YEAR'S CENSUS METHODOLOGY

THE HOMELESS LIVING IN SHELTER

Approximately one month prior to the actual census, Boston's Emergency Shelter Commission mails an advisory to all of the city's shelter providers and transitional programs to inform them of the study. Shelter contacts are informed of the date of the census and how the survey will be conducted; the Shelter Commission also solicits volunteers for the street count. Each program is asked to tabulate the population of their shelter on the night of the count. The City's Emergency Shelter Commission then contacts each shelter on December 14th to obtain the total from the previous night.

THE HOMELESS LIVING ON THE STREET

The City is divided into thirty-seven separate areas for the purpose of the census. The downtown areas are small enough to be thoroughly covered by volunteers on foot; outlying neighborhoods, where few homeless people have been identified in the past, are covered by car. Even in these neighborhoods, volunteers are expected to leave their vehicles and conduct the census by foot in areas where there is a higher likelihood of finding homeless individuals. Volunteers are provided with a list of locations to be checked thoroughly in their assigned area.

All teams utilize radios or cellular phones to facilitate communication during the census, to guarantee the volunteers' safety, and to call for emergency medical assistance if needed for individuals encountered on the street. Volunteers also use two vans accessed by walkie-talkie to transport homeless individuals who request assistance in getting to a shelter.

THE VOLUNTEERS

The Emergency Shelter Commission recruits volunteers who are neighborhood residents, City employees, City Year volunteers and staff at the various Boston shelters. Volunteer selection is important, since people who work with this population can assist in avoiding stereotypes often associated with homelessness. The study started at 10:45 p.m. in order to ensure that businesses or other places of temporary refuge are closed. Also, the study was conducted on a Monday night/Tuesday morning when there is less general pedestrian traffic than other times during the week.

This census count has been conducted annually during the second or third week of December. At the time of this census, the temperature was 38 degrees accompanied by light rain.

Volunteers were asked to designate people by the following identifiable factors:

- 1. Was the individual definitely or possibly homeless?

 If it was unclear in specific situations, volunteers were asked to record these individuals as "possible." The city included people listed as "possible" in the count presented in this document.
- 2. <u>Was the individual in need of medical attention?</u>
 The census volunteers included many medical professionals from Boston's Health Care for the Homeless Program.
- 3. <u>Did the individual need transportation to shelter?</u>
 While Pine Street Inn operates two nighttime outreach vans, some individuals may be unaware of these services or unable to walk to shelter. The Census uses two vans provided by Long Island Shelter as well as Pine Street's outreach vans to transport people to shelter.

Since the outdoor homeless population is served by several different outreach programs, our purpose was simply to determine the size of the homeless population in Boston and not duplicate outreach work.

HISTORY

The census of Boston's homeless population is conducted annually by the City's Emergency Shelter Commission. The 1983 study, conducted by six volunteers working over a period of two weeks, was the City's first attempt to identify the size of the street population associated with homelessness. This beginning work on counting the homeless inspired later projects which provided a clearer picture of the scope of the homeless population in the City of Boston. The study has grown to include dozens of non-profit service organizations, over two hundred volunteers, and appropriate City agencies as directed by Mayor Menino.

PURPOSE

The annual homeless census informs the Mayor as to gaps in the continuum of care and what resources the City will need in order to meet that commitment. Under the leadership of Mayor Menino, the City of Boston continues its commitment that no individual will go without a bed, without a meal, without medical care, without opportunity and hope simply because they are homeless.

Until the scope and nature of the problem can be defined, government agencies are not adequately prepared to address important service delivery issues. Prior to conducting the first census count of the homeless in 1983, some estimates of the number of homeless in Boston varied by as much as ten thousand people. With more accurate numbers, the City can coordinate the services, including shelter, street outreach, food, clothing, medical, employment training, substance abuse treatment, and mental health treatment, that not only enable homeless people to survive but to help them move beyond shelter to more independent and productive lives.

To better understand the issues facing homeless families and individuals, the Mayor commissioned a study by the Center for Social Policy at the McCormack Institute and the Center for Survey Research conducted on March 19, 1997. Key findings from this survey of 338 homeless individuals and 94 families sheltered or served by 33 shelter programs are referenced in the narrative accompanying this census report.

Recognizing the limitations of this single point-in-time census, the City helps to fund the ANCHoR Project, a data collection system which facilitates client assessment and case management within programs and will provide policy makers and advocates with better information over time.

THE POPULATION OF THE STREET

THE POPULATION OF THE STREET

Winter 1998-99 Winter 1999-2000

	TOTALS	18	8		25	50	
Stre	eet Count	160	28	0	208	42	0
		Male Fe	male C	hildren	Male Fe	emale C	Children

There were 208 men and 42 women on the streets of Boston on the night of the census, a 32% increase over last year's number.

Many homeless men and women who sleep on the streets are mentally ill. Some mental illnesses, especially schizophrenia, cause the person to experience auditory hallucinations and acute paranoia. In many cases exacerbated by substance abuse, the person's condition has often deteriorated to the point where they are too paranoid to go into already overcrowded shelters and afraid of the people who offer them help in the street. Clearly, these people are in need of specialized services, including street outreach, appropriate shelter, and in some cases hospital in-patient services.

To respond to these needs, daytime outreach programs in Boston's downtown neighborhoods have been expanded: Tri-City Mental Health is working with the mentally ill in the Back Bay, Shattuck Shelter (funded by the Commonwealth's Department of Public Health) is working with substance abusers in the Back Bay, and the Pine Street Inn (funded by the City of Boston with Federal McKinney dollars) has expanded its daytime outreach in Downtown Crossing to cover parts of the Back Bay and the North Station areas. Pine Street Inn has operated a nighttime outreach van since 1987 working with this hard-core population. Together these programs are working to link those homeless people who stay on the streets to services.

In response to several homeless deaths on the street several weeks after the 1998 census was taken, the Mayor authorized City funding for an additional outreach van. This expanded nighttime coverage has been annualized.

HOMELESS ADULTS IN SHELTER

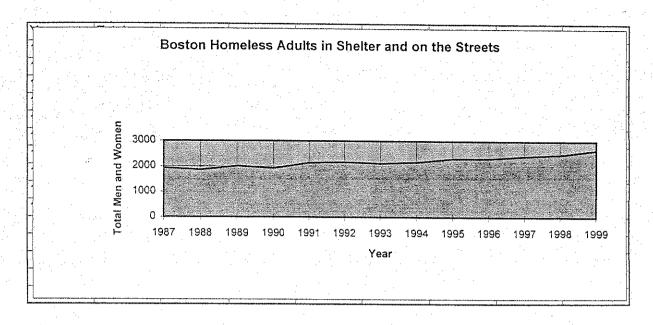
ADULT SHELTERS

Winter 1998-99 Winter 1999-2000 Male Female Male Female Betty's Place Kinaston House Long Island Shelter¹ Woods-Mullen LIS Annex McInnis House Respite New England Vets Shelter Pine Street Inn Men's Inn Anchor Inn² \cap Women's Inn O Holy Family \cap **Boston Night Center** Rosie's Place Sancta Maria Shattuck Shelter³ Snead House Respite O Tri City Safe Haven NA NA United Homes YMCA - Cardinal Medeiros SUB-TOTALS: **TOTALS**

¹ Includes Safe Harbor and SOAR as well as Long Island Shelter

² Includes Men's Transitional Housing Program

³ Includes Stabilization and TIL



HOMELESS ADULTS IN SHELTER

There were 2064 men and 342 women in adult shelters on the night of the census - for a total of 2406 which is a 4.7% increase from the number counted in adult shelters last year. The City of Boston's Long Island Shelter reported 751 guests, 31.2% of the adult shelter population. The Pine Street Inn's 791 guests comprised 32.8% of those counted in adult shelters. On many nights during the entire year shelters are over capacity. Shelters are transitioning people into the mainstream, but the fact remains that newly homeless people are moving into these shelter beds as they become available.

The City credits the McKinney Homeless Assistance grants received from the U.S. Department of Housing and Urban Development for much of the transitional movement out of shelters. HUD has recognized the strength of our collaboration between local government and homeless service providers and, consequently, Boston had been able to leverage significant resources from the federal government to create new homeless programs to complement the existing shelter system.

And the numbers demonstrate that with appropriate resources homeless people can move beyond shelter. In the past two years, thousands of individuals have used the safety net of emergency shelter, received the assistance they needed, and moved along the continuum of care and into permanent housing.

However, the shelter system has become the safety net for the failures of other systems in our state. For every person who has been successfully placed in housing, a newly homeless person has taken their place. Shelters report increasing numbers of young adults and ex-offenders are entering the shelter system. The UMASS Boston study from 1997 reported 22% of individuals in adult shelters had been in either a jail, detention center, prison, or halfway house for ex-offenders within the past 12 months.⁴

Pine Street Inn's Women's Inn has reported an increase in women separated from their children: the intact family is denied access to the State's family shelter system, so the mother leaves the children with relatives and stays herself at the adult shelter. Clearly restricted access to family shelter is harming many families.

According to the UMASS Boston study, 31% of individuals in the adult shelters report having served in the U.S. military.⁵

The City of Boston and shelter providers are making every effort to convert shelter beds to transitional beds. This effort is to help move people beyond shelter and into housing and jobs. Transitional programs comprise 47% of Pine Street Inn's beds, 33% of Long Island's beds, and 29% of Shattuck's shelter beds.

⁴ Friedman, D., Hayes, M., McGah, J., Roman, A. (1997). A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997. Boston, MA: University of Massachusetts Boston. p.7&14.

⁵ A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997, p.9.

HOMELESS FAMILIES IN SHELTER

FAMILY SHELTERS

	Wil	Winter 1998-99			Winter 1999-2000		
orien antennia (1966). Producina je na se postava i 1967. Producina se producina se	Male	Female	Children	Male	Female	Children	
Boston Family	1	9	15	0	8	19	
Casa Nueva Vida	0	6	12	0	7	13	
Crittenton-Hastings	0	19	30	0	16	29	
Crossroads	1	10	19	2	11	27	
Families-In-Trans.	2	22	37	0	22	42	
Family House	0	18	27	3	19	27	
LifeHouse	0	10	11	0	. 10	11	
Margaret's House	. 0	25	41	0	26	46	
Project Hope	0	8	11	0	8	10	
Queens of Peace	. 0	4	6	0	6	2	
Salvation Army	0	4	12	0	4	8	
Sojourner House	0	9	15	1	7	14	
St. Ambrose Inn	1	. 11	24	1	10	21	
St. Mary's Home	0	18	15	0	19	15	
Temporary Home	0	14	19	0	17	21	
Traveler's Aid	0	9	25	3	9	27	
SUB-TOTALS:	5	196	319	10	199	332	

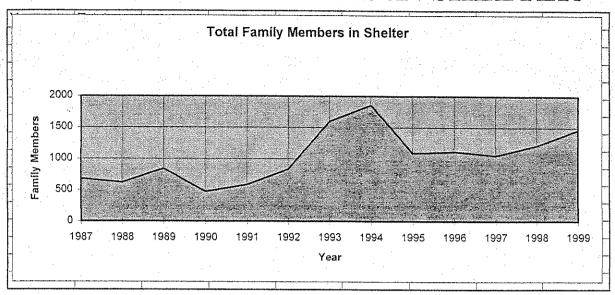
OTHER

	vvinte	r 1998-99	ļ.,	Winter	r 1999-20	00
	Male F	emale C	Children	Male F	emale C	Children
Families in	. 7	71	141	10	109	215
shelters outside						
Boston *						
Scattered Site	27	138	314	35	185	373
Shelter		2,2,6,2,6,0				
SUB-TOTALS:	34	209	455	45	294	588

TOTAL HOMELESS FAMILIES IN BOSTON

	Winter 1998-99	Winter 1999-2000
	Male Female Children	Male Female Children
	39 405 774	55 493 920
TOTALS	1218	1468

HOMELESS FAMILIES IN SHELTER



Shelters for families are mostly funded by the Commonwealth's Department of Transitional Assistance (formerly the Department of Public Welfare). This year 39 men, 405 women, and 774 children were in family shelters and scattered site shelter programs⁶ representing an increase of 15.2% compared to last year's figures.

The City of Boston's Emergency Shelter Commission continues to receive calls from families, particularly poor working families, denied access to shelter as a result of restrictive State shelter screening regulations. The income standards which determine eligibility for shelter are particularly problematic and unrealistic. According to these guidelines, a family of three (in most cases, a mother and two children) is ineligible for shelter if their gross income is over \$1,533 per month (\$18,396 per year or \$8.84 per hour for a 40 hour work week). The State bases this policy on the belief that a family of three with income over this \$1,533 gross amount should be able to afford housing; however, the current real estate market in the Greater Boston area dictates that this family will be spending over 60% of their gross income for a cheap one-bedroom apartment, and they still have to pay for utilities, food, and day care. These working poor families are falling through the cracks in the safety net: they are too poor to afford decent housing and too "rich" (according to the State's guidelines) to be eligible for temporary shelter.

⁶ Scattered site shelters are programs in which families are temporarily placed in an apartment rather than a congregate or communal shelter

The causes of family homelessness are rooted in poverty, and denying a family emergency shelter only exacerbates their problems forcing them either to live in overcrowded conditions with reluctant relatives or friends, or split the family up with different children staying with different relatives. The UMass Boston study reports that 73% of the parents in family shelters indicate that they had lived in a "doubled up" situation (i.e. they had lived in the home of a relative and/or friend) within the previous 12 months. And as noted earlier, some families who are not eligible for family shelter are sending the children to stay with relatives so the parent(s) can then stay in an adult shelter. The emergency family shelter system administered by DTA needs to be accessible to families in need to provide a safety net and hopefully a foundation for future independence for homeless families in Massachusetts. With that safety net inaccessible to many families because of arbitrary eligibility requirements, the State is jeopardizing the lives and futures of too many Massachusetts children.

Traveler's Aid of Boston continues to provide shelter on a limited basis to families who are not able to access shelter through DTA. Traveler's Aid is serving more families than ever and is facing increasing financial pressures

Shelter stays continue to increase in length, due to a lack of affordable housing and a lack of adequate income supports for families, particularly families headed by single mothers. Family stays in shelter are averaging as high as 10 months in some shelters. Housing search workers under contract with the State report that, because of lack of affordable housing in the Boston area, homeless families have been directed as far away as Fall River and New Bedford in search of affordable market-rate housing.

In terms of subsidized housing, the effects of Federal and State cutbacks for affordable housing are being felt. The Massachusetts Rental Voucher Program (MRVP, formerly the 707 program), managed by the Commonwealth's Department of Housing and Community Development, does not roll over certificates. This means that once a family has increased its income and no longer needs that subsidy, that subsidy is not made available to another family in need. Because of the overall lack of affordable units, the City strongly encourages the State to create an affordable housing strategy for families who are homeless and at-risk of homelessness.

⁷ A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997, p.32.

In conjunction with the lack of affordable housing, lack of income (based on several factors including a mismatch of job skills with available jobs, low AFDC payments, lack of day care slots, lack of quality education, and the lack of paternal financial support) causes homelessness for families. Combined with cutbacks in food assistance programs, the imposition of the two-year time limit which started on December 1, 1998 will impact many homeless families in a negative way by taking away a source of income that has helped these families get over hard times.

As families are cut off from benefits, they will need jobs and job training to survive. The UMASS Boston survey reported that 42% of parents in shelter had not completed high school and had no GED.⁸ The innovative Transition to Work Collaborative, funded by the City with federal McKinney money, is working with homeless families to increase their education, income, and self-sufficiency as they move from the shelter to permanent housing.

 $^{^8}$ A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997, p.27.

WOMEN IN CRISIS

WOMEN IN CRISIS PROGRAMS

	Winter 1	998-99	Winter	1999-2000
	Female	Children	Female	Children
Asian Shelter Advocacy Project	4	5	6	5
Casa Myrna Vazquez	23	37	24	29
Dove, Inc.	6	13	4	10
Elizabeth Stone House	23	28	21	18
FINEX	9	8	7	10
Harbor Me (no longer in operation)	0	0	0	0
Renewal House	6	7	5	7
Transition House	6	4	3	5
SUB-TOTALS:	77	102	7.0	84
TOTALS	1	79	1	54

The number of women and children in domestic violence shelters remained stable. Essentially the system is at capacity. Advocates report that requests for emergency shelter still exceed the supply.

The domestic violence shelters and the family shelters are operated as separate systems: battered women's shelters are mostly funded by the Dept. of Social Services while the Dept. of Transitional Assistance provides most of the funding for family shelters. Because the State imposes a 90-day limit on the amount of time a woman can stay at a battered women's shelter, these women often have to leave these domestic violence programs before they have secured housing. Consequently, many of these women then enter the emergency shelter programs for homeless families. In the fall of 1994, Mayor Menino gave battered women a higher priority for Section 8 and public housing in an effort to decrease the amount of time these families have to stay in shelter.

Clearly, domestic violence is a reality which affects women in both the adult shelters and the family shelters. The UMASS Boston survey indicated that 22% of female heads of families in the family shelters reported that they had been abused by a partner or household member within the past 12 months. It would be less disruptive to battered women and their children if they could receive shelter in one location while they are seeking housing, and not have to bounce between the domestic violence system and the family emergency system.

⁹ A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997 p.22.

ADOLESCENT PROGRAMS

	Winter	1998-	99	Vinter	1999-200	0
	Male Fe	male	Children	Male	Female	Children
Bridge Transitional	5	5	0	- 5	7	0
Living Program						
Bridge-Elliot	2	5	8	3	13	12
Complex						
Bridge "Host Homes"	0	0	- 0	0	0	0
Mass. Halfway	21	0	0	16	0	0
Houses						
YouthBuild Boston	10	0	0	14	0	0
SUB-TOTALS:	38	10	8	38	20	12
TOTALS		56			70	

There were 38 young males between the ages of 18 and 25, 10 young females between the ages of 18 and 25, and 8 children under 18 yrs. of age in the adolescent programs this year, compared to 39 males, 17 females and 9 children last year.

These programs are essentially operating at capacity. The adult shelters, such as Pine Street, Long Island, and Shattuck, also have reported an increase in the number of young people over 18 years of age using adult programs; these programs do not offer services to anyone younger than 18 years based on the belief that the adolescent group has specialized needs that can best be addressed elsewhere.

The City continues to be concerned about youth "aging" out of the DSS and DYS systems, i.e. turning 18 years of age and no longer being eligible for services. Providers report that many of their young clients have had DSS and DYS involvement.

Bridge Over Troubled Waters, funded by Federal McKinney money, has opened a transitional day program for homeless youth and young adults living on the streets or in the adult emergency shelters.

HOSPITALS

HOSPITAL EMERGENCY ROOMS

ERM STEAR STEAR STEAR OF THE ANGENTS CONTROL OF THE STEAR ST	Winter 19	998-99	Winter 19	99-2000
	Male	Female	Male	Female
Beth Israel-Deaconess	0	0	0	0
Boston Medical Center	19	6	5	0
Brigham & Women's	0	0	. 1	0
Carney Hospital	0	0	0	0
Massachusetts General	5	0	6	0
New England Medical Center	- 7			0 :
St. Elizabeth's	0	0	2	0
SUB-TOTALS:	31	7	14	0
TOTALS	. 38		14	

This count identifies the size of the homeless population seeking medical treatment in hospital emergency rooms on the evening of the count.

HOSPITAL INPATIENT

	Winter 199	8-99	Winter 1999	3-2000
	Male F	emale	Male I	=emale
Beth Israel-Deaconess	4	1	1	2
Boston Medical Center	16	2	7	4
Brigham & Women's	3	3	0	0
Carney Hospital	0	0	0	0
Massachusetts General	5	0	. 7	1
New England Medical Center	5	1	1516 Acres 4 4 Maries	0
Shattuck Hospital	53	28	53	24
St. Elizabeth's	0	1	2	0
SUB-TOTALS:	86	36	74	31
TOTALS	122		105	

Two years ago for the first time, the census included numbers from hospital inpatient units. This data was collected by Boston's Health Care for the Homeless, an organization which provides health care services to homeless individuals and families in many of the local shelters and operates the Barbara McInnis House and Snead House, respite units for homeless individuals who need recuperative time after a hospital stay.

DETOX

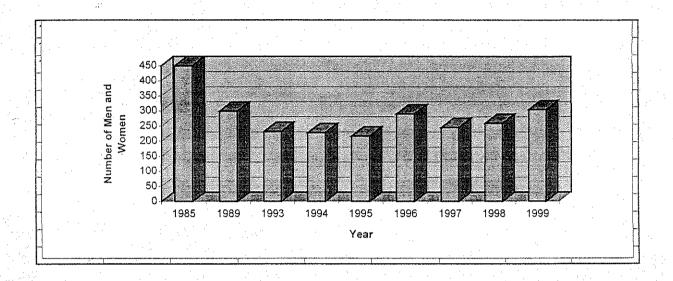
	Winter 19	Winter 1998-99		Winter 1999-2000		
	Male	Female	Male	Female		
Andrew House	18	2	18	2		
Boston Detox	13	3	12	- 6		
Bridge to Recovery	28	4	35	2		
Dimock Detox	10	2	10	2		
River Street	19	3	13	2		
Tewksbury (CAB)	126	NA	150	NA		
Transitions (STAIR)	18	4	30	5		
Women's Hope	NA NA	9	NA NA	17		
SUB-TOTALS:	232	27	268	36		
TOTALS	259		304			

On the night of the census, there were 268 homeless men and 36 homeless women in detox facilities - a total of 304. Other than the Nichols Program at Tewksbury State Hospital, this total does not include any Boston homeless persons who may have been in a detox outside the city.

Since the demise of the Addiction Center at Bridgewater, homeless service providers have been advocating that the State should increase the supply of detox and recovery beds for homeless individuals. In 1996 the State Legislature and the Commonwealth's Department of Public Health added 60 additional detox beds specifically targeted to homeless individuals as well as 60 additional recovery beds. These resources are reaching this population and are creating a way out of homelessness for those grappling with alcohol and other drugs.

However, access to detox is still particularly difficult at night when the public detoxes have less staff to perform intake procedures.

HOMELESS MEN AND WOMEN IN DETOX

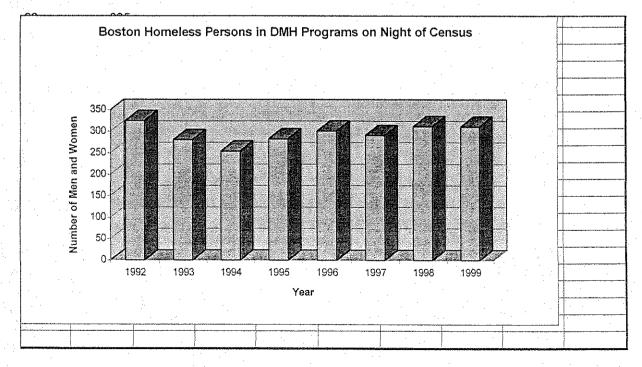


MENTAL HEALTH FACILITIES

MENTAL HEALTH FACILITIES

	Winter 199	8-99	Winter 1999-2000		
	Male F	emale	Male	Female	
Bay Cove M.H.	88	22	88	24	
Bay View Inn	18	0	25	0	
Lindemann Center	21	10	20	6	
Mass. Mental Health			BASAMIDA E BABA E BARAS BERGIA		
Fenwood Inn	33	16	32	8	
Deaconess	0.00	0		0	
Parker Street Central	SSS LIBERT I VENERAL STEPSET SHIPS OF SHIPS OF THE ACT OF SHIPS OF SHIPS AND A SHIPS OF SHIPS	Callaga decembrado de calabra de	alanda ya artika e kilika a aya ka aya ka ka ka aya aya aya aya	The Schooling Concession of Management and American Management American Management and American Management American Management American Management Ame	
West End Shelter	Adequation 19 10 10 10 10 10 10 10 10 10 10 10 10 10	11.	21	16	
Albany Lodge	13	7	15	5	
Parker Street West	0	20	0	20	
Solomon Carter Fuller	22	9	21	10	
St. Alphonsus Respite		1	0	0	
SUB-TOTALS:	216	96	222	89	
TOTALS	312		311		

This year, there were 222 men and 89 women, a total of 311 homeless individuals, in Department of Mental Health shelters.



MENTAL HEALTH FACILITIES

The State has recognized that mental illness is a significant factor for a large percentage of the homeless population. Appropriately, the State has committed resources over the past few years to create housing units for the homeless mentally ill. The City commends the State for this commitment and encourages the State to continue providing housing for this population. The City also recommends that the State recognize the need to provide housing and service options to thehomeless mentally ill throughout the Commonwealth, and not just in the City of Boston.

The State needs to provide a continuum-of-care for the homeless mentally ill. Homeless shelters are not equipped to deliver the mental health services homeless mentally ill men and women need. DMH needs to improve access to their specialized shelters in order to move homeless men and women along the continuum and into permanent housing.

Both the City and the State have come to recognize the specific needs of the dually diagnosed population. These are people who have both substance abuse and mental health issues. Traditionally, a split between the substance abuse and mental health service systems would result in these clients receiving uncoordinated treatment. For example, a schizophrenic man who abused alcohol in an attempt to drown out the voices in his head might receive treatment in detox for his drinking. But after completing detox with his mental illness untreated, the symptoms of schizophrenia would still be there and he would be tempted to return to drinking in an attempt to self-medicate.

More recently, providers have advocated for the closer integration of mental health and substance abuse services for this population. Bay Cove Human Services' Project ACCESS, in collaboration with the Shattuck Shelter and the Vietnam Veterans Workshop and funded by Federal McKinney money, focuses on dually diagnosed homeless men and women and their special needs.

TRANSITIONAL SHELTERS

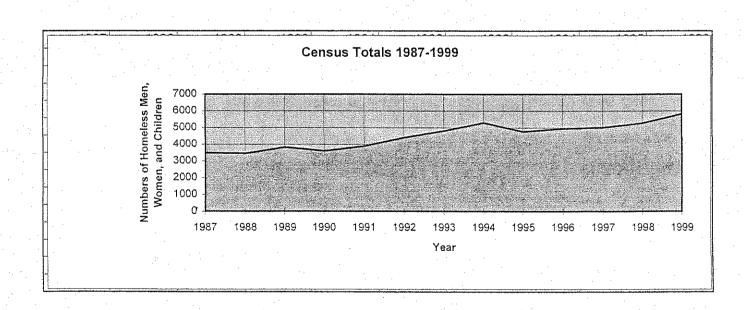
	Winter	1998-99	Λ	Winter 1999-2000		
	Male F	emale (Children	Male	Female (Children
Brookview House	0	. 8	15	0	8	23
Casa Esperanza	26	12	6	25	16	4
Crittenton Hastings	1	15	15	2	16	44
Transitional						
T.R.A.C.	1	15	14	0	20	21
Dennis McGlaughlin	0	7	6	- 0	7	7
House						
Dimock Fort St.	NA	NA	NA	0	10	.1
Elders Living At	20	- 11	0	18	9	0
Home -	navenia kora			100 100 100 100 100		
Empowering Young	0	5	6	0	5	6
Mothers						
Harbor Lights	66	21	0	63	21	0
Horizons House	0	0	0	0	6	7
Mass. Halfway	115	27	8	126	24	0
Houses						
Nazareth House	0 %	7	6	0 -	10	8
New England	91	6	0	139	4	0
Veterans Shelter						
Transitional						
One Wise Street	8	0	0	8	0	0
Revision House	0.5	21	27	0	19	27
Seton Manor	15	- 3	0	. 17	. 2	0
Women, Inc.10	0	0	0	0	0	0
Portis House	0	0	0	0	0	0
YWCA Aswalos	NA	NA	NA	0	8	7
House						
SUB-TOTALS:	343	158	103	398	185	155
TOTALS		604			738	

There were 738 homeless men, women and children in transitional shelters and programs this year. Please note that several transitional programs are included within the Adult Shelter category.

¹⁰ No longer in operation.

HOMELESS TOTALS

	Winter	1998-19	99	Winter	1999-20	00
	Male	Female	Children	Male	Female	Children
Street Count	160	28	0	208	42	0
Adult Shelters	1934	362	0	2064	342	0
Family Shelters	5	196	319	- 10	199	332
Family Other	34	209	455	45	294	588
Women In Crisis	0	77	102	0	70	84
Adolescent	38	10	8	38	20	12
Hospital ER	31	9.500.507	0	14	0	0
Hospital Inpatient	86	36	0	74	31	0.
Detox	232	27	0	268	36	0.00
Mental Health	216	96	.0	222	89	0
Transitional Shelters	343	158	103	398	185	155
TOTALS	3079	1206	987	3341	1308	1171
GRAND TOTALS		5272			5820	



ACKNOWLEDGMENTS

We would like to thank the following folks for their help with this year's census:

Mayor's Office

Homeless Shelter & Service Providers

Frank Frattaroli & Inspectional Services Department

Jill Stevens and the City Year Volunteers

Barry Bock & Joann Hopkins of Boston Health Care for the Homeless

David Anderson & Kim Fernandes

Ann Roper & Laurie Ford

and

200 or so volunteers who went out into the cold!

This report was produced by:

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